Evidence Based Practice and Heart Failure Clinical Pathways  
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**PROBLEM:**  
Identified wide variation in practice patterns  
Need for standardization of prescribing practices  
Need to report CORE measures for heart failure

**EVIDENCE:**  
School of Medicine Professors at UCI  
American College of Cardiology (diagnosis and treatment of heart failure)  
Heart Failure Society (comprehensive review of practice guidelines)  
American Heart Association  
Pharmaceutical guidelines of cardiac drugs and protocols  
Literature search

**STRATEGY:**  
Patients > 17 y/o with chief complaint of shortness of breath/suspect heart failure  
Develop Emergency Department Clinical Algorithm  
Develop clinical path for Acute Decompensated HF  
Developed a Pathway for Cardiac nurses and for patients  
EMR  
HF Patient Education Book

**PRACTICE CHANGE:**  
100% use of the algorithm and pathway  
Reduction in resource consumption  
Prescribing practices standardized  
Provided a method to identify practice patters for change  
Promoted collaborative practice between the physicians and nurses  
Provides evidence based knowledge tool.

**EVALUATION & RESULTS:** from Q2 2007 to Q3 2009  
LVEF assessment = 5% increased  
CXR on day one of the hospital stay = 8% increase  
ACE/ARB for LVEF <40% = 11% increase  
BNP drawn day one of the hospital stay = 8% increase  
Beta Blocker prescribed at discharge = 41% increase  
Discharge Education = 87.5% increase  
ALOS= decreased  
Average Cost of discharge = stable  
Readmission at 7 days and 30 days Decrease of 33% and 15%  
JCAHO Certified
RECOMMENDATIONS:
Provide segue into Continuum of care once discharge, telemonitoring
Provide a venue for collaborative practice between physicians and nurses in early diagnosis and treatment of these patients
Provides basis for research

LESSONS LEARNED:
Physician champion is necessary
Consensus difficult to achieve

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